

EFFIENT PA SUMMARY

PREFERRED	Plavix (clopidogrel)
NON-PREFERRED	Effient

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for the diagnosis of unstable angina, non-ST elevation myocardial infarction (NSTEMI), or ST-elevation myocardial infarction (STEMI)
- AND*
- ❖ Members must have undergone percutaneous coronary intervention (PCI)
- AND*
- ❖ Physician should submit documentation of trial and failure, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to clopidogrel.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.